

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA <b>365218</b>		(x2) multiple construction a. building _____ b. wing _____	(X3) DATE SURVEY COMPLETED <b>04/02/2019</b>
name of provider or supplier <b>BLUE ASH CARE CENTER</b>			street address, city, state, zip code <b>4900 COOPER ROAD CINCINNATI OH, 45242</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	
F 0000	INITIAL COMMENTS  COMPLAINT INVESTIGATION COMPLAINT NUMBER OH00103297  ADMINISTRATOR: Heather Cheeseman, #7014 CERTIFIED BED CAPACITY: 64 CENSUS: 44 MEDICARE: 1 MEDICAID: 28 OTHER: 15  The following deficiencies are based on the complaint investigation completed on 04/02/19.		F 0000		

laboratory director's or provider/supplier representative's signature

title

**HEATHER.CHEESEMAN**

(x6) date

04/25/2019

any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. for nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. if deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA <b>365218</b>		(x2) multiple construction a. building _____ b. wing _____	(X3) DATE SURVEY COMPLETED <b>04/02/2019</b>
name of provider or supplier <b>BLUE ASH CARE CENTER</b>			street address, city, state, zip code <b>4900 COOPER ROAD CINCINNATI OH, 45242</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)		(X5) COMPLETION
F 0727 F 0727 SS=F	<p>Continued From page 1</p> <p>483.35(b)(1)-(3) RN 8 Hrs/7 days/Wk, Full Time DON</p> <p>§483.35(b) Registered nurse</p> <p>§483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.</p> <p>§483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis.</p> <p>§483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on review of staffing schedules, review of time stamps, staff interview and policy review, the facility failed to ensure the services of a Registered Nurse (RN) for at least eight consecutive hours a day, seven days a week were used. This had the potential to affect all 44 residents residing in the facility. The facility census was 44.</p> <p>Findings include:</p> <p>Review of the staffing schedule from 03/26/19 to 04/01/19 revealed the facility to have no RN's at the facility on 03/26/19 or</p>	F 0727 F 0727	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the center has taken or is planning to take the actions set forth in the following plan of correction. The following plan or correction constitutes the center's allegation of compliance.</p> <p>This alleged deficiency cited has been corrected by the date of dates indicated by 4/25/2019</p> <p>Residents were reviewed for adverse effects on the days noted not to have an RN. No adverse effects were noted by the Director of Nursing.</p> <p>The Scheduler/Director of Nursing was re-educated on staffing requirements by the Administrator on 4/3/2019. The staffing schedule was immediately revised to ensure 8 hours of daily RN coverage.</p> <p>A staffing tool was developed on 4/3/2019 to allow the Director of Nursing and Administrator to accurately track direct care hours worked to ensure an RN was present each day.</p> <p>A staffing hours audit tool is being used to monitor staffing levels on a daily basis to ensure continued compliance with staffing hour requirements. The staffing hours audit tool will be completed by the Administrator or designee daily for 4 weeks, weekly for 2 months.</p> <p>The Audit tools will be reviewed by the QA</p>	04/25/2019	

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA <b>365218</b>		(x2) multiple construction a. building _____ b. wing _____	(X3) DATE SURVEY COMPLETED <b>04/02/2019</b>
name of provider or supplier <b>BLUE ASH CARE CENTER</b>			street address, city, state, zip code <b>4900 COOPER ROAD CINCINNATI OH, 45242</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	
F 0727	Continued From page 2  03/30/19.  Review of RN time stamps revealed RN #19 did not work on 03/26/19 or on 03/30/19. There were no time stamps for any other RN's.  Interview with the Director of Nursing (DON) on 04/02/19 at 2:37 P.M. verified the DON record her time at the facility. DON confirmed there was not an RN at the facility on 03/26/19 or on 03/30/19. The facility confirmed this had the potential to affect all 44 residents residing in the facility  Review of the facility's "Staffing Policy and Procedure" dated 01/01/16 revealed the scheduler will ensure needed minimum staffing requirements are met to ensure proper resident care.  This deficiency substantiates Complaint Number OH00103297.		F 0727	committee to ensure continued compliance.	

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA <b>365218</b>		(x2) multiple construction a. building _____ b. wing _____	(X3) DATE SURVEY COMPLETED <b>04/02/2019</b>
name of provider or supplier <b>BLUE ASH CARE CENTER</b>			street address, city, state, zip code <b>4900 COOPER ROAD CINCINNATI OH, 45242</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)		(X5) COMPLETION
F 0732 F 0732 SS=C	<p>Continued From page 3</p> <p>483.35(g)(1)-(4) Posted Nurse Staffing Information</p> <p>§483.35(g) Nurse Staffing Information.</p> <p>§483.35(g)(1) Data requirements. The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> <li>(i) Facility name.</li> <li>(ii) The current date.</li> <li>(iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:</li> <ul style="list-style-type: none"> <li>(A) Registered nurses.</li> <li>(B) Licensed practical nurses or licensed vocational nurses (as defined under State law).</li> <li>(C) Certified nurse aides.</li> <li>(iv) Resident census.</li> </ul> <p>§483.35(g)(2) Posting requirements.</p> <ul style="list-style-type: none"> <li>(i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift.</li> <li>(ii) Data must be posted as follows:</li> <ul style="list-style-type: none"> <li>(A) Clear and readable format.</li> <li>(B) In a prominent place readily accessible to residents and visitors.</li> </ul> <p>§483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> </ul></ul>	F 0732 F 0732	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the center has taken or is planning to take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have or are to be corrected by the date of dates indicated.</p> <p>The nurse staffing information tool was immediately updated by the Director of Nursing and posted at the A/B Nursing Station on 04/02/2019.</p> <p>Residents were reviewed for adverse affects on the days noted to not have the staffing tool posted and no adverse effects were noted by the Director of Nursing.</p> <p>The nurses responsible for updating and posting the daily staffing tool were re-educated on posted staffing tool requirements by the Director of Nursing on 04/03/2019.</p> <p>The Administrator and Director of Nursing will audit compliance daily for 4 weeks and then weekly for 2 months.</p> <p>The Audit tools will be reviewed by the QA committee to ensure continued compliance.</p>	04/25/2019	

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA <b>365218</b>		(x2) multiple construction a. building _____ b. wing _____	(X3) DATE SURVEY COMPLETED <b>04/02/2019</b>
name of provider or supplier <b>BLUE ASH CARE CENTER</b>			street address, city, state, zip code <b>4900 COOPER ROAD CINCINNATI OH, 45242</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	
F 0732	Continued From page 4  §483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This STANDARD is not met as evidenced by: Based on observation and staff interviews, the facility failed to post nurse staffing data on a daily basis. This had the potential to affect all 44 residents residing in the facility. The facility census was 44.  Findings include:  Observation of the nurse staffing data posted at the nurse's station on the A and B hallway on 04/02/19 at 8:43 A.M. revealed the data to be dated 03/19/19. No additional updated nurse staffing data was observed in the facility.  Interview with the Administrator on 04/02/19 at 8:43 A.M. verified the nurse staffing data posted at the nurse's station on the A and B hallway was dated 03/19/19. The Administrator confirmed there was no other updated nurse staffing data posted in the facility. The facility confirmed this had the potential to affect all 44 residents residing in the facility.  This deficiency is based on incidental findings discovered during the course of this complaint investigation.		F 0732		

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA <b>365218</b>		(x2) multiple construction a. building _____ b. wing _____	(X3) DATE SURVEY COMPLETED <b>04/02/2019</b>	
name of provider or supplier <b>BLUE ASH CARE CENTER</b>			street address, city, state, zip code <b>4900 COOPER ROAD</b> <b>CINCINNATI OH, 45242</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)		(X5) COMPLETION